Approved for use through 4/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 874 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FFF (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 20 = OR MULTIPLE DEPENDENT CLAIM PRESENT 145 (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADD) ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FE/ Total (37 CFR 1.16(c)) ENDM Minus OR X S Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE 10/21/03 (Column 1) (Column 2) (Column 3) CLAIMS HIGHES1 REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI- -PREVIOUSLY **AFTER EXTRA** TIONAL TIONAL <u>AMENDMENT</u> PAID FOR ũ FEE FEE ENDMI Total Minus (37 CFR 1,16(cf) OR X S Independent (37 CFR 1.16(b)) Minus X S X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ A RCE TOTAL TOTAL ADD'L FEE OR ADD'L FEE Ansb (Column 1) (Column 3) (Column 2) CLAIMS HIGHEST O REMAINING NUMBER PRESENT RATE ADDL RATE ADDI-**AFTFR** PREVIOUSLY **FXTRA** TIONAL TIONAL MENDMENT PAID FOR 竝 FEE FEE Total (37 CFR 1.16(c)) Minus 9V OR X S Independent (37 CFR 1,16(b)) Minus ш OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

PTO/SB/06 (05-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number										
L		50/874								
		CLAIN	S AS FILE	D – PART I	014411	SMALL ENTITY		OTHE	OTHER THAN	
(Column 1) (Column 2)					3 MALL	ENTITY	OR 1	SMALL	ENTITY	
FOR BASIC FEE			NUMBER FILE) NL	JMBER EXTRA	RATE	FEE	1	RATE	FEE
(3	7 CFR 1.16(a)) OTAL CLAIMS						s	OR		s
(3	7 CFR 1.16(c))		minu	20 =		x s 9 =		OR	x \$ /8 =	
	DEPENDENT CLAI CFR 1.16(b))	MS	minu	20 =		x \$ <u>43</u> =		OR	x \$ 86 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ 145 =		OR	+s290=	
	the difference in c	column 1 is	less than zero,	enter "0" in colu	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II										
9/21/04 (Column 1) (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL	R THAN ENTITY
FNTA		CLAIN REMAIN AFTE AMENDI	ING R	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA	RATE	ADDI- TIONAL FEE 7		RATE	· ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	112	Minus	1782	- 0	x \$ =	/	OR	x s =	/
	Independent (37 CFR 1.16(b))	16	Minus	"'16	- 6	x s=		OR	x s =	/
A	FIRST PRESENT.	ATION OF M	ULTIPLE DEPENI	DENT CLAIM (3	7 CFR 1.16(d))	+5=		OR	+\$ =/	/
,	1/0/06					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	1/7/05	(Column		(Column :	2) (Column 3)	5- <u>1</u>				
ENT B	A STATE OF THE STA	CLAIM REMAIN AFTEI AMENDM	NG	HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE /
M	Total (37 CFR 1.16(c))	197	Minus	192	0	x \$ =		OR	x \$ =	
AMENDMENT	Independent (37 CFR 1,16(b))	16	Minus	"16	-0	x s =		OR	x s=	
₹	FIRST PRESENTA	ATION OF MI	ILTIPLE DEPEND	ENT CLAIM (37	+ \$=		OR	+ \$=		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column	1)	(Column 2)	(Column 3)		•			
ENT C		CLAIMS REMAINI AFTER AMENDMI	NG	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total (37 CFR 1.16(c))	<u>.</u>	Minus	"	=	x \$ = -		OR	x \$ =	
	Independent (37 CFR 1.16(b))	•	Minus	***	±	x s=		OR	x s =	
₹	FIRST PRESENTA	TION OF MU	LTIPLE DEPEND	ENT CLAIM (37	CFR 1.16(d))	+ \$=		OR	+ \$ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
•	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS "PACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".									
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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PATEN	IT APPLICATION Substitut	FEE DETE	N RECORD	JOHNSTON GIVE	ss it displays a valid OMB control number. Application or Docket Number			
С	CLAIMS AS FILED (Column 1)	- PART I	SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY		
FOR	NUMBER FILED	NUMB	ER EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))					s	7.0		
TOTAL CLAIMS (37 CFR 1.16(c))	/87 minus 20	· /6	7	x 5 9 =	 -	OR	18	<u> </u>
INDEPENDENT CLAIMS (37 CFR 1.16(b))	/5 minus 20	1		x \$_7 = x \$ 43 =		OR OR	x \$ 10 =	<u> </u>
MULTIPLE DEPENDENT C	LAIM PRESENT (37	7 CFR 1.16(d))		+\$ 145=	+	OR	+5290=	
* If the difference in column	ın 1 is less than zero, entr	er "0" in column	2.	TOTAL		OR	TOTAL	
CLAIN	MS AS AMENDED -	- PART II		4.		,		
	Column 1)	(Column 2)	(Column 3)	SMALL E	ENTITY	OR	OTHER SMALL	R THAN ENTITY
ENT AM	MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL FEE
Total O (37 CFR 1.16(cl) Z Independent	/87 Minus	187	-0	x \$=		OR	x s =	
(37 CFR 1.16(b))	/ S Minus	15		X \$=		OR	x \$=	
FIRST PRESENTATION	N OF MULTIPLE DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	+s=		OR	+s=	/
1/24/02 A	-NE			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
2/18/02 7	AFRECE	(Column 2)	(Column 3)	,— · = - •	'/	O.	ADD CTCC .	
B RE RE AME	CLAIMS EMAINING	HIGHEST NUM9ER . PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total (37 CFR 1.16(cl))	/88 Minus *	187	= /	× \$=	9	OR	x \$ =	
Total (37 CFR 1.16(ci)) Undependent (37 CFR 1.16(b))	16 Minus	/5	= /	x s =	42	OR	x \$=	/
FIRST PRESENTATION	N OF MULTIPLE DEPENDENT	T CLAIM (37 CFF	R 1.16(d))	+ 5=		OR	+ \$=	/
8/2/02				TOTAL ADD'L FEE	pl	OR	TOTAL ADD'L FEE	
*COMMON TOWNS TO A STATE OF THE	olumn 1)	(Column 2)	(Column 3)	/ <u>N. A </u>	/			
REI	ENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE/
Total (37 CFR 1.16(c))	Minus "	(88)	⁻ 0	. x s = -		OR	x s=	
Total (37 CFR 1.16(c)) Z Independent (37 CFR 1.16(b))	/6 Millios	16	-0	x s =	7	OR .	x s=	
▼ FIRST PRESENTATION	OF MULTIPLE DEPENDENT	CLAIM (37 CFR	₹ 1.16(d))	+ s=	/	OR	+ \$ =	
				TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE	
"" If the "Highest Number "" If the "Highest Number	1 is less than the entry in er Previously Paid For" IN er Previously Paid For" IN Previously Paid For" (Tota	I THIS SPACE is THIS SPACE is	s less than 20, en	nter "20". er "3"	the annunuiste	hav in ca	dima 4	

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Effective December 29, 1999

091501874

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER SMALL	
FOR .			NUMBE	R FILED	NUMBER	NUMBER EXTRA		RATE	FEE	1	RATE	FEE
BA	SIC FEE								345.00	OR		690.00
TO	TAL CLAIMS		18.	7 minus 2	0= . /6	7		X\$ 9=	1503.00	OR	X\$18=	
INDEPENDENT CLAIMS /5 minus 3 = 12									468.00	OR	X78=	
MU	LTIPLE DEPEN	DENT	CLAIM PR	RESENT	}	+130=		OR	+260=	_		
• If	the difference	ımn 1 is l	ess than ze		TOTAL	23/6,00	OR	TOTAL				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	
AMENDMENT A	7/3/01	REM	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	• /	61	Minus	161			X\$ 9=		OR	X\$18=	
AME	Independent	•	12)	Minus	ENDENT CLA	<u> </u>		X39=		OR	X78=	
-	FIRST PRESE	JN OF MI	JETIPLE DEI	ן נ	+130=		OR	+260=				
ŀ	1 100				TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE				
	1/24/02		lumn 1)		(Column 2)	(Column 3)					
AMENDMENT B	M.NE	REN	LAIMS MAINING FTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ľ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON NON	Total	. /	161	Minus	. 167	= .		X\$ 9=		OR	X\$18=	
AME	Independent	•	12	Minus	PENDENT CLA	<u> </u>	┨┃	X39=		OR	X78 ₌	
	THOI THESE	IVIAII	ON OF MI	OLITE DE	PENDENT OL		J	+130=		OR	+260=	
	1						1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	10 perfect		lumn 1)		(Column 2	(Column 3)					·
ENT C	2/19/02	REI	LAIMS MAINING IFTER INDMEN <u>T</u>		HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	168	Minus	. /67	=		X\$ 9=	,,	OR	X\$18=	
AME	Independent	•	12	Minus	DENIDENT CLA	ノ = NM	4	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
:	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT, FEE	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												